

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-475)**

SERIAL NO.

10/556354  
APPENDANT

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7		/					57						
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39		/					89						
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41	/						91						
42	/						92						
43		/					93						
44	/						94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	12	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	33	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLASSES	45						TOTAL CLASSES						